Patient Dental History

Patient Name_____ Guarantor_____

	Yes	No
1.) Do you have gums bleed while brushing or flossing? ……..	☐	☐
2.) Are your teeth sensitive to hot or cold liquids/foods? ……..	☐	☐
3.) Are your teeth sensitive to sweet or sour liquids/foods? ……..	☐	☐
4.) Do you feel pain to any of your teeth? ……..	☐	☐
5.) Do you have any sores or lumps in or near your mouth? ……	☐	☐
6.) Have you had any head, neck or jaw injuries? …….	☐	☐
7.) Have you ever experienced any of the following problems in your jaw?		
a.) Clicking? ……..…..…	☐	☐
b.) Pain (joint, ear, side of face)? ……	☐	☐
c.) Difficulty in opening or closing? ……..	☐	☐
d.) Difficulty in chewing? ……..…….	☐	☐
8.) Do you have frequent headaches? ……	☐	☐
9.) Do you clench or grind your teeth? …….	☐	☐
10.) Do you bite your lips or cheeks frequently? …….	☐	☐
11.) Have you ever had any difficult extractions in the past? …….	☐	☐
12.) Have you had any orthodontic work? ……	☐	☐
13.) Have you ever had prolonged bleeding following extractions? ……	☐	☐
14.) Have you ever had instructions on the correct method of brushing your teeth?	☐	☐
15.) Have you ever had instructions on the care of your gums? …….	☐	☐

What is the reason for your visit today?_____
_____

Date of last dental visit?_____ What was done for you at that visit?_____

Do you have any dental problems now? Yes ☐ No ☐
If yes, please describe: _____
_____

Are you satisfied with your teeth's appearance? Yes ☐ No ☐

What would you change about your smile?_____
_____

Do you brush, floss or use any other dental aids?_____

Is there anything else about having dental treatment that you would like us to know? Yes ☐ No ☐
If yes, please describe: _____

Do you have any problems sleeping or been told you have Sleep Apnea? Yes ☐ No ☐
If yes, please explain: _____

I certify that I have read and understand the above information. To the best of my knowledge, the above questions have been accurately answered. I understand that providing incorrect information can be dangerous to my health.

Signature_____ Date _____
Patient, Parent or Guardian